

# Notification of Healthcare Infrastructure Funding Availability

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to inform you that funding has become available for healthcare infrastructure projects through [Funding Program Name]. This initiative aims to enhance healthcare facilities and improve access to quality health services in our community.

Organizations that meet the eligibility criteria are encouraged to apply for this funding opportunity. The available funding range is [insert funding amount], and applications will be accepted until [insert closing date].

For detailed information regarding eligibility requirements, funding criteria, and application procedures, please refer to the attached guidelines or visit our website at [insert website link].

If you have any questions or need further clarification, feel free to contact us at [insert contact information]. We look forward to supporting your efforts in enhancing our healthcare infrastructure.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]